This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
7/22/2022	\$ ALLOCATION NUMBER			

		Return completed workbook b	
FOR COPYRIGH	email to		
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
7/22/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
THIS STATEMENT: (YYYY	//(Period))		

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
		_						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		CLEAR CREEK MUTUAL TELEPHONE CO						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		18238 S FISCHERS MILL RD (Number, street, rural route, apartment, or suite number)						
		OREGON CITY OR 97045						
		(City, town, state, zip)						
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2022/1						
Accounting remou.	2022/1	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CLEAR CREEK MUTUAL TELEPHONE CO	61096					
	Instructions: List each separate community served by the cable system. A "community"						
D	separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete is a form of system identification hereafter known as the "first					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identificity.						
	CITY OR TOWN	STATE					
First	OREGON CITY	OR					
Community							
Add Rows as Necessary							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61096

CLEAR CREEK MUTUAL TELEPHONE CO

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

OCK 1		BLOCK 2				
NO. OF	DATE	CATECORY OF SERVICE	NO. OF	DATE		
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
5	22.00	PLUS	3	23.50		
		HD CONVERTER	2	7.00		
		DVR CONVERTER	2	7.00		
		DVR SERVICE	2	5.50		
		DVR SERVICE NO DIGITAL	1	12.50		
3	3.00					
	SUBSCRIBERS 5	NO. OF SUBSCRIBERS RATE 5 22.00 3 3.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 5 22.00 PLUS HD CONVERTER DVR CONVERTER DVR SERVICE DVR SERVICE DVR SERVICE NO DIGITAL	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Enhanced Service	69.00
 Pay cable—add'l channel 		Commercial		НВО	14.50
Fire protection		• Pay cable		Cinemax	17.00
•Burglar protection		Pay cable-add'l channel		Showtime/TMC	17.00
Installation: Residential		Fire protection		Starz/Encore	15.00
• First set	29.95	Burglar protection			
Additional set(s)	19.95	Other services:			
• FM radio (if separate rate)		Reconnect	19.95		
Converter		Disconnect			
		Outlet relocation	29.95		
		Move to new address	29.95		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61096

CLEAR CREEK MUTUAL TELEPHONE CO

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KATU	2	l	PORTLAND OR
KOIN	6	N	PORTLAND OR
KGW	8	N	PORTLAND OR
КОРВ	10	E	PORTLAND OR
KRCW	11	l	SALEM OR
KPTV	12	N	PORTLAND OR
KPDX	13	N	PORTLAND OR
KNMT	17	N	PORTLAND OR
KPXG	19	N	SALEM OR

CLEAR CREEK MUTUAL TELEPHONE CO

61096

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
CALL DIGIN	7 (IVI OI I IVI	SID	LOGATION OF STATION	O, LLE OIGIN	7 (IVI OI 1 IVI	SID	LOCATION OF STATION
						 -	
						L	
	ļ					 	
						 	
						ļ	
						 	
							
							
	 					 -	

Accounting Period	ccounting Period: 2022/1 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF C	ABLE SYST	EM:							SYSTEM ID#
Name	CLEAR CREEK MUTUA	L TELEP	HONE CO							61096
	SUBSTITUTE CARRIAGE					listant static	n that you	r ook	olo svetom	corried on a
									or a further	
Carriage: Special	1. SPECIAL STATEMENT	-								
Statement and	During the accounting peri-	•	cable system	carry, on a substitute bas	sis,	any nonne	twork telev	isior	n program	
Program Log	broadcast by a distant stati	on?					ļ		YES	NO
	Note: If your answer is "No,"	' leave the i	est of this pag	e blank. If your answer is	"Ye	es," you mι	ıst complet	te th	e progran	n
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRAI	MS							
	In General: List each substi	tute progra	m on a separat		wh	nerever pos	sible, if the	eir m	eaning is	
	clear. If you need more space Column 1: Give the title of				nro	ogram") tha	t during th		ccounting	
	period, was broadcast by a									
	under certain FCC rules, reg									1.
	Do not use general categorie "NBA Basketball: 76ers vs. I		/les" or "baske	tball." List specific prograi	m ti	ities, for ex	ampie, "i L	ove	Lucy" or	
	Column 2: If the program	was broad								
	Column 3: Give the call s Column 4: Give the broad						need by th	م <i>د</i> ر	C or in	
	the case of Mexican or Cana		`	,			,	егс	JC OI, III	
	Column 5: Give the mont	th and day v						with	h the mon	th
	first. Example: for May 7 give Column 6: State the time		substitute prod	gram was carried by your	cal	ble system	List the tir	nes	accuratel	v
	to the nearest five minutes.									,
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	r "D" if the l	isted program	was substituted for progr	ami	ming that v	our evetem		s require	4
	to delete under FCC rules a									
	was substituted for program	ming that y	our system wa	s permitted to delete unde	er F	CC rules a	ınd regulati	ions	in	
	effect on October 19, 1976.									
	C	IDOTITLIT					N SUBST			7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		-	5. MONTH	AGE OCC	TIME		DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	4	AND DAY	FROM	_	то	
					-			_		
					_					
								_		
								_		
								_		
					11					
					-11					
					-					
					-4 -					
					_					
								_		
								_		
					7					
					1			-=-		
					-{}					
					\dashv					
					- -					
					11			_		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CLEAR CREEK MUTUAL TELEPHONE CO	S	(STEM ID# 61096
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis: (as identified in space E) during the accounting period. For a further explanation of how to compute this am page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	sion service nount, see	,536.37 ss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	3,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.00
		0)	
	Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	(00)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 270VIP9R		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	CLEAR CREEK MUT		ю.			SYSTEM ID# 61096
M Channels	to its subscribers, and 1. Enter the total num system carried tele 2. Enter the total num	(2) the cable system's ber of channels on which vision broadcast station ber of activated channels	total numb		ccounting period.	9
		system carried televisionservices				179
N Individual to Be Contacted		CONTACTED IF FURTH		RMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name Dia	ne Ori			Telephone	503 845-4442
	Address PO (Numb	Box 1189 per, street, rural route, apartr	ment, or suite	number)		
		Angel OR 97362 town, state, zip)				
	Email	dori@cbsoregor	n.com		Fax (optional 503 845-4445	5
0	CERTIFICATION (This s	statement of account mu	ust be certi	fied and signed in accordance with C	opyright Office regulations)	
Certification	• I, the undersigned, here	eby certify that (Check or	ne, <i>but only</i>	one, of the boxes.)		
	(Owner othe	r than corporation or p	artnership) I am the owner of the cable system as	s identified in line 1 of space B	;; ог
				rtnership) I am the duly authorized age not a corporation or partnership; or	ent of the owner of the cable sy	ystem as identified
		partner) I am an officer (i 1 of space B.	if a corpora	tion) or a partner (if a partnership) of th	e legal entity identified as own	er of the cable system
		I correct to the best of m		lare under penalty of law that all statem le, information, and belief, and are mad		
			X	/s/ Jay Henke		
				ectronic signature on the line above to cature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	Jay Henke		
		Title:	Preside	ent position held in corporation or partnership)		
		Date:			7/21/22	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 61096 **CLEAR CREEK MUTUAL TELEPHONE CO** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-P lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. O For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ID number

First community served Accounting period